

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

36551

JAN 3 1934

## 1. PLACE OF DEATH

County JohnsonRegistration District No. 306Township FrankPrimary Registration District No. 125City Kansas City(No. KC General Hosp)

File No. \_\_\_\_\_

Registered No. 4472

St. \_\_\_\_\_ Ward \_\_\_\_\_

## FULL NAME

(a) Residence, No. 16010E 43-2

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 1 1907

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

26211

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas

## 13. NAME

Frank Fisher

## MOTHER FATHER

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

## 15. MAIDEN NAME

Angelica Stinger

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

## 17. INFORMANT (ADDRESS)

Reverend Clerk KC General Hosp

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Florida Hill DATE Nov 19 1933

## 19. UNDERTAKER (ADDRESS)

Quirk & Son

## 20. FILED

Nov 14 1933 M. M. Browne  
Asch Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

11-12 1933

## 22. I HEREBY CERTIFY, That I attended deceased from

9-18 1933 to 11-12 1933I last saw her alive on 11-12 1933 Death is saidto have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cystic degeneration of brain

Date of onset

## Other contributory causes of importance:

Endocrineopathy, pluri-glandular

## Name of operation

Date of \_\_\_\_\_

## What test confirmed diagnosis?

Was there an autopsy? Yes

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

## Manner of injury

## Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Hofmeyer

M. D.

(Address) KC General Hosp11-13-33

OCT 31 1945